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The Modern Treatment of Syphilis. By Joseph Earle Moore, M.D., with the collaboration of J. E. Kemp, M.D., H. Eagle, M.D., P. Padget, M.D., Mary S. Goodwin, M.D. and F. W. Reynolds, M.D. 717 pp. 2nd edition, 3rd printing. Baillière, Tindall & Cox, London, 1944. Price 38s. 6d.

The second edition of this well established book on the treatment of syphilis in all its stages and manifestations was reviewed at length in the *Journal* in September 1943. That the high opinion then expressed of the value of this work has obviously been justified, is reflected by the great demand for it, which has led to a third printing of this second edition within a period of three years. The reprinted edition contains an additional chapter on the intensive arsenotherapy of early syphilis, which deals with its practice, precept and pitfalls in a well balanced critical review of this method of treatment.

The author draws attention to the fact that a positive serological test becomes negative at the same time—between the twelfth and the sixteenth week—after any scheme of treatment so far used; he stresses the obligation to employ a quantitative serum test in order to detect serological relapse. The term, "serological reversal", employed in this sense in the work under review, is widely used in American medical literature in order to indicate the change which takes place when a positive serum test becomes negative under treatment. The term as used might equally well indicate a change from negative to positive and is thus an ambiguous expression which lacks precision.

A consideration in detail of five-day intravenous drip arsenotherapy and multiple injection schedules leads Dr. Moore to believe that the large proportion of serious reactions from arsenotherapy completed in ten days or less is both excessive and unnecessary. Schedules are set out in tabular form of treatment with twice-daily, daily, tri-weekly, twice-weekly and weekly injections, showing the estimated margin of safety of the methods and the associated mortality.

A comparison of these schedules suggests to the author that the curative dose (1,500 milligrams of mapharsen for a 60-kilogram patient) can be given with any desired margin of safety or by any desired schedule of injections by means of a suitable adjustment of the time period. Dr. Moore considers that the less intensive treatment, spread over 20, 40, 60 or 80 days, can be a relatively safe and effective procedure which may be expected to replace the slow standard method.

The chapter on intensive arsenotherapy is well documented with statistics and is followed by an extensive bibliography.

V. E. L.

Handbook of Practical Bacteriology. By T. J. Mackie, C.B.E., M.D., D.P.H., and J. E. McCartney, M.D., D.Sc. 691 + 29 pp., illustrated. E. & S. Livingstone, Edinburgh, 7th edition, 1945. Price 17s. 6d.

The new edition of this handbook is divided, as before, into three sections: (1) introductory chapters on the general biology of micro-organisms and on immunity; (2) bacteriological technique; (3) pathogenic and commensal micro-organisms (including filterable viruses) and bacteriological diagnosis. The short appendix to the sixth edition has been expanded into 44 pages in order to bring up to date information about chemotherapy and penicillin, fluorescence, microscopy, anaerobes (including a differential table), air disinfection and a number of bacteriological tests.

It may be of interest to venereologists to note that the authors have relegated the name *Spirochaeta pallida*, to the status of a synonym, mentioned in brackets at the head of a section after the name, *Treponema pallidum*, which is used throughout.

W. T. T.

Prevention of congenital syphilis

F. Kalz contrasts the situation in the United States of America, where it is estimated that 60,000 congenital luetics are born each year, with that in the Scandinavian countries in which so much preventive work is done. He believes the Canadian position to be much the same as the American. In Montreal an investigation was made of the prenatal history of 74 congenital syphilitic children. It was found that the mothers of 57 of them had consulted a doctor during pregnancy, 35 between the first and fifth month. In 49 of these 57 cases the doctor had not taken any blood test and in 5 had taken one only at an early stage, so that in none of these 54 cases was syphilis diagnosed in time. In the 3 remaining cases syphilis had been diagnosed but inadequately treated. In the 2 of the 5 cases in which blood tests were made early in pregnancy with negative results, reliance on the results caused a wrong diagnosis of a subsequent lesion. A third had a negative result but was given a short and inadequate course of treatment because her husband was suffering from syphilis, and a primary lesion developed later. Kalz considers that in order to enable the general physician to meet his responsibilities in prevention, more teaching should be given to the medical student and that teaching hospitals should establish diagnosis clinics to which patients could be sent for examination, diagnosis and suggestions concerning future treatment and management.—*Canadian Medical Association Journal*, February 1945.